

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)**ORIGINAL****UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**Kevin E. Jamison

Plaintiff

V.

Defendant(s)

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

CASE NUMBER:

I, Kevin Edward Jamisondeclare that I am the (check appropriate box) 08-315

- • Petitioner Plaintiff Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Vaughn Correctional CenterInmate Identification Number (Required): 00250217Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • No

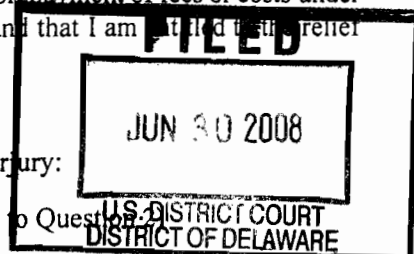
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|--------------|-------------|
| a. Business, profession or other self-employment | • • Yes | <u>✓</u> No |
| b. Rent payments, interest or dividends | • • Yes | <u>✓</u> No |
| c. Pensions, annuities or life insurance payments | • • Yes | <u>✓</u> No |
| d. Disability or workers compensation payments | • • Yes | <u>✓</u> No |
| e. Gifts or inheritances | • • Yes | <u>✓</u> No |
| f. Any other sources <u>My Mother</u> | <u>✓</u> Yes | • • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. Nothing she's out of work.



Page(s) Continued

(2b) My last job ended 12/02/07, I was recieving \$ 30.00 a month at the first of every month. I was employed at Vaughn Correctional Center, 1181 Paddock Rd. Smyrna, DE. 19977

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4. Do you have any cash or checking or savings accounts?

• • Yes • ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes • ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

T	S	- daughter -	Nothing	right	now
J	S	- son -	"	"	"
K	J	- daughter -	"	"	"
K	J	- daughter -	"	"	"

I declare under penalty of perjury that the above information is true and correct.

6/25/08
DATE

Kevin Edward Jamison
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX-MONTH PERIOD

TO: Mrs. Tonya Smith
Support Services Manager
Delaware Correctional Center
Smyrna, Delaware 19977

DATE: 6/25, 08

FROM: Kevin Edward Jamison
Inmate Name (Please Print Name)

250217
SBI #

--- I HEREBY CERTIFY ---

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a)(2),
Effective April 26, 1996, I am requesting a certified Statement of my Institution Trust
Fund Account for the previous six-month period. Please forward same to me.

Kevin Edward Jamison
Signature

(28 U.S.C. 1746 and 18 U.S.C. 1621)

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

08-395

TO: Kevin Janison SBI#: 050217
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: June 23, 2008

Attached are copies of your inmate account statement for the months of
December 1, 2007 to May 31, 2008.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>6.79</u>
<u>Jan</u>	<u>20.72</u>
<u>Feb</u>	<u>7.81</u>
<u>March</u>	<u>10.47</u>
<u>April</u>	<u>18.72</u>
<u>May</u>	<u>2.76</u>
Average daily balances/6 months:	<u>11.21</u>

Attachments

CC: File

Stacy Shane
6/23/08

Cameron
6/23/08

Individual Statement From December 2007 to May 2008

Date Printed: 6/23/2008

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SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Ending Month Balance:
00250217	Jamison	Kevin			\$0.35	\$0.05
Current Location:	23	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Wage-1099	12/4/2007	\$38.40	\$0.00	\$0.00	\$38.75	523112		D BLDG 10/24-11/23/	
Canteen	12/6/2007	(\$19.91)	\$0.00	\$0.00	\$18.84	524374			
Canteen	12/13/2007	(\$18.83)	\$0.00	\$0.00	\$0.01	527407			
Wage-1099	1/2/2008	\$15.66	\$0.00	\$0.00	\$15.67	534205		D/E BLDG 11/24-12/2	
Canteen	1/3/2008	(\$15.26)	\$0.00	\$0.00	\$0.41	536695			
Mail	1/14/2008	\$20.00	\$0.00	\$0.00	\$20.41	542174	57435360574		I PAPANICALAR
Mail	1/15/2008	\$25.00	\$0.00	\$0.00	\$45.41	542570	9255013030		C COKER
Canteen	1/24/2008	(\$19.97)	\$0.00	\$0.00	\$25.44	546737			
Canteen	1/31/2008	(\$10.51)	\$0.00	\$0.00	\$14.93	549378			
Canteen	2/7/2008	(\$14.81)	\$0.00	\$0.00	\$0.12	553543			
Medical	2/8/2008	\$0.00	(\$4.00)	\$0.00	\$0.12	554027		1/21/08	
Medical	2/8/2008	(\$0.12)	(\$3.88)	\$0.00	\$0.00	554122		1/21/08	
Mail	2/13/2008	\$20.00	\$0.00	\$0.00	\$20.00	555689	57420159698	1/21/08	D PAPANICOLAS
Medical	2/15/2008	(\$3.88)	\$0.00	\$0.00	\$16.12	557235			
Canteen	2/21/2008	(\$16.10)	\$0.00	\$0.00	\$0.02	559887			
Mail	3/13/2008	\$20.00	\$0.00	\$0.00	\$20.02	569802	57420168641		DONNA P
Mail	3/18/2008	\$20.00	\$0.00	\$0.00	\$40.02	571326	05515566746		C CROSBY
Canteen	3/20/2008	(\$19.68)	\$0.00	\$0.00	\$20.34	573483			
Canteen	3/27/2008	(\$19.98)	\$0.00	\$0.00	\$0.36	576043			
Mail	4/9/2008	\$20.00	\$0.00	\$0.00	\$20.36	584321	0699322293		C COKER
Mail	4/10/2008	\$20.00	\$0.00	\$0.00	\$40.36	584781	57353227536		D MORRIS
Canteen	4/17/2008	(\$19.99)	\$0.00	\$0.00	\$20.37	587364			
Canteen	4/24/2008	(\$18.52)	\$0.00	\$0.00	\$1.85	591524			
Mail	4/25/2008	\$20.00	\$0.00	\$0.00	\$21.85	592223	51046344756		JOHNSON
Canteen	4/30/2008	(\$19.61)	\$0.00	\$0.00	\$2.24	595026			
Mail	5/6/2008	\$25.00	\$0.00	\$0.00	\$27.24	598547	12167863075		UNK
Canteen	5/8/2008	(\$24.52)	\$0.00	\$0.00	\$2.72	600335			
Canteen	5/15/2008	(\$2.67)	\$0.00	\$0.00	\$0.05	603676			

Individual Statement From December 2007 to May 2008

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SBI 00250217	Last Name Jamison	First Name Kevin	MI 	Suffix 	Beginning Month Balance: \$0.35	Ending Month Balance: \$0.05
Current Location: 23				Comments:		

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Ending Month Balance:					\$0.05				

Total Amount Currently on Medical Hold: \$0.00
 Total Amount Currently on Legal Hold: \$0.00
 Total Amount Currently on Restitution Hold: \$0.00
 Total Amount Currently on Other Hold: (\$2.83)